TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)	
(BY CATEGORY OF SERVICE)	7

RECIPIENTS

17.024

178,999

32.883

24,998

1,720

5.535

2,398

5,106

1.962

174,819

17,132

291,079

35,576

140,330

5,277

5,174

29,934

22,720

54,918

26,081

12.740

8.099

648

895

5.419

2,132

9,864

317

47

50

-0

8

13

727

0

n

n

n

2.6

0

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

NUMBER OF

39.587

586,502

61,679

38,728

4,740

27,413

3,401

6,549

7.348

3,228

n

- 0

n

1,007,076

26,371

46.654

14,006

369,494

35.814

91,205

80,971

77.587

33,441

36.100

11,613

2,195

5,575

5,917

50,954

995

195

11,150

- 0

10

16

854.215

27

. .

IINITS OF

656,036

853,102

57.049

72,330

92.452

736.541

52,701

6.377

5,643

628,173

908.167

26.835

854,215

46,609

14,006

369,489

4,671,987

35.814

131,992

541

n

3.5

186

78.555

35,368

45,220

15.505

68,355

142,894

13.263

165,124

29.682

10,638

1,920,426

n

Π

27

- 0

PAGE

RUN DATE 09/22/07

TOTAL. PAYMENT

\$73,246,857.55

\$42.844.833.55

\$5,404,785.20

\$102,640,458.01

\$60,800,984.61

\$1,059,092.24

\$26,117,608,56

\$42,484,879.59

\$7,159,235,16

\$1,229,006.88

\$4,228,546.57

\$8,569,302.15

\$2,952,966.36

\$767,238.60

\$122,215.82

\$3,456,148.35

\$44,498,720.99

\$2,001,532.05

\$3,620,860.05

\$2,121,094.94

\$738,978.00

\$1,691,885,22

\$9,719,068.63

\$3,658,129.10

\$11,216,117,57

\$1,955,952.52

\$1,149,546.35

\$518,044.82

\$812,985.42

\$409,736.00

\$630,441.61

\$110,342.69

\$3,842,621.42

\$1,287,498.81

\$69,692,671.17

\$17,641.76

\$1,416.37

\$6,946.98

\$0.00

\$24,704,336,88

\$10,397.03

\$0.00

\$n.nn

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$n.nn

\$63.14

1

IAMM2200-R003 (MR-0-12)

CATEGORY OF SERVICE

AS OF 09/30/07

HOME HEALTH LEAD INSPECTION AGENCY

CLINIC SERVICES

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

EPSDT SCREENING

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

PHYSICIAN

	SERVED	CLAIMS	SERVICE	
INPATIENT	15,678	18,332	107,146	
OUTPATIENT	104,092	215,172	1,891,824	
CHILD PART HOSP	0	0	0	
CHILD DAY TREATMENT	0	0	0	
ADULT PART HOSP	1	0	0	
ADULT DAY TREATMENT	0	0	0	
SKILLED NURSING FACILITY	1,602	1,989	24,771	
INTERMEDIATE CARE FACILITY	14,352	39,668	1,152,343	
INTER CARE MENTAL RETARDA	2,190	6,244	185,401	
NURSING FAC FOR MENTAL ILL	40	130	3,883	

IAM	M22	00-R003	(MR-O-12)
AS	OF	09/30/0	7

ILL & HANDICAPPED WAIVER SVCS

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 09/22/07

> TOTAL PAYMENT

\$15,113,816.65

\$5,168,352.47

\$7,506,429.81

\$594,663,181.64

\$626,606.01-

\$0.00

TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(STACAL VID. TOTALL AS OF OR OLOGO(07)

	BY CATEGORY OF	SERVICE)	
(FISC.	L YTD TOTALS AS	S OF 09/30/07)	

9,445

0

29,405 2 332,804

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1

30,439

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	9,724	76,206	1,158,409

2,345

10,487

93

0

** A L L C A T E G O R I E S * 368,361 3,937,427 17,632,358